

**ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS**

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www.occupationaltherapyboard.az.gov

**APPLICATION FOR LICENSURE AS AN OCCUPATIONAL THERAPIST OR
AN OCCUPATIONAL THERAPY ASSISTANT**

CHECK ALL THAT APPLY	APPLICATION TYPE	FEE
INITIAL APPLICATION		
	OCCUPATIONAL THERAPIST	\$235.00
	OCCUPATIONAL THERAPY ASSISTANT	\$170.00
	FINGERPRINT	\$ 24.00
RENEWAL APPLICATION**		
	OCCUPATIONAL THERAPIST	\$200.00
	OCCUPATIONAL THERAPY ASSISTANT	\$100.00
INACTIVE APPLICATION*		
	OCCUPATIONAL THERAPIST	\$ 25.00
	OCCUPATIONAL THERAPY ASSISTANT	\$ 15.00
	Limited Permit**	\$ 35.00
	Total Amount Submitted	

*License must be current to apply for inactive status

** Must provide proof of completion of educational requirements

Initial applications: complete pages 1-5 and 8

Renewal applications: complete pages 1-2, 6-8

Limited permits: complete pages 1-5 and 8 – In addition submit letter of completion or transcript from educational institution and the direct supervision form.

PERSONAL INFORMATION (Type or Print)

Name	Last		First		Middle	
Other names used		Maiden		Also Known As – AKA		
Home address		Number/Street		City	State	Zip code
Telephone Number		Home		Work		Cell
Email address						
Social Security Number				Date of Birth (mm/dd/yy)		
Place of Birth		City		County/Province		State/Country
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		US Citizen	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Attach required statement of citizenship and alien status along with selected proof of status.

The State Attorney General has determined that in order to be in compliance with the law, documentation MUST be submitted with initial application AND/OR with a license renewal if not previously submitted. If previously submitted and no change has occurred, sign the following affirmation statement.

POSITIVE AFFIRMATION OF NO CHANGE IN STATUS

Be signing below, I certify that the document(s) previously submitted are correct and still applicable to my citizenship status or right to work in the United States.

Signature

Date

NBCOT Certification Number		Date Granted	
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CURRENT EMPLOYMENT (Type or Print)

Name of Employer			Employer Phone Number		
Employer Address	Number/Street		City	State	Zip code

FOR INITIAL APPLICATION ONLY:
(If requesting renewal of license, please go to page 5)

PROFESSIONAL EXPERIENCE AND/OR FIELDWORK:

List **ALL** employment for the last four (4) years in chronological order, beginning with your present position.

1. Name of Business	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: _____ To: _____
Reason for Resignation/Termination	

2. Name of Business	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: _____ To: _____
Reason for Resignation/Termination	

3. Name of Business	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: _____ To: _____
Reason for Resignation/Termination	

4. Name of Business	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: _____ To: _____
Reason for Resignation/Termination	

EDUCATIONAL INFORMATION:

List Colleges/Universities attended (List most recent first)

School Name, City, State, Country	Dates of Attendance From (mm/yy) To (mm/yy)	Date of Graduation	Type of Degree /Certification

Professional Licenses or Certifications:

List all active and inactive licenses or certifications

Type of License/Certification Agency Name and Address	Issue Date	Expiration Date	License/ Certification Number

Are the above licenses in good standing?		YES		NO
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If other than Arizona, did your prior state of residence require a license. Name of State:		YES		NO
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ALL Questions MUST be answered:

1. Have you ever had any application for any professional license refused or denied by any licensing authority?	YES		NO
2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?	YES		NO
3. Have you ever voluntarily surrendered any healthcare license?	YES		NO
4. Have you ever had any healthcare license revoked?	YES		NO
5. Have you ever been the subject of disciplinary action or are you currently under investigation with regard to your healthcare license, been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	YES		NO
6. Has disciplinary action been taken against you by any licensing agency with regard to any professional license? Including but not limited to restricted, terminated, voluntarily or involuntarily resigned or withdrawn.	YES		NO
7. Are there any pending complaints, investigations, or disciplinary actions against you with any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	YES		NO
8. Have you ever been charged with or convicted, pardoned or had a record expunged or vacated of a felony, misdemeanor involving moral turpitude (see explanation below)? A “yes” answer is required even if you entered a diversion program.	YES		NO
9. Have you ever been charged with or convicted of a violation of any federal or state drug law(s) or rule(s) whether or not a sentence was imposed or suspended?	YES		NO

NOTE: *In the event the response to any of the questions numbered 1 through 9 is “YES”, the applicant must file with the application a detailed report concerning the above matters, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the result of any hearings, and the disposition of such charge(s) IN ADDITION, the applicant must submit photocopies of any complaints, hearings, settlements or judgments.*

****Moral Turpitude** includes but is not limited to the following: Armed Robbery, Assault with a Deadly Weapon, Attempted Insurance Fraud, Fabricating and Presenting False Public Claim, False Reporting to Law Enforcement Agency, Falsification of Records of the Court, Forgery, Fraud, Hit & Run, Illegal Sale & Trafficking in Controlled Substances, Indecent Exposure, Kidnapping, Larceny, Mann Act (Federal Commercialization of Women Statute), Misleading Sale of Securities in Connection with Transfer of Real Property, Perjury, Possession of Heroin for Sale/Unlawful Sale or Dispensing Narcotic Drugs, Rape, Shoplifting and Soliciting Prostitution.

FOR RENEWAL APPLICATIONS ONLY:

License No.

CONTINUING EDUCATION

Pursuant to A.R.S. §32.3426 and in accordance with A.A.C. R4-43-203(A)(1)(2), an occupational therapist shall complete 20 clock hours of continuing education for renewal of a 2-year license; and an occupational therapy assistant shall complete 12 clock hours of continuing education for a renewal of a 2-year license.

A. Professional workshops, self/formal study courses or video presentation, see R4-43-203(D)

Hours Names of professional workshops, self/formal study courses or video presentation

B. Completion of an undergraduate or graduate course at a college or university, see R4-43-203(D)

Hours Course Title

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Proof of a grade "C" or better, and a personal statement describing how the course extends the licensee's professional skill and knowledge is required.

C. Publication of a book, see R4-43-203(D)(5)(a)

Hours Title of book

		Maximum of 10 hours
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D. Publication of a chapter of a book, see R4-43-203(D)(5)(c)

Hours Title of chapter of the book

		Maximum of 5 hours
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E. Publication of an article, see R4-43-(D)(5)(b)

Hours Title of the article

		Maximum of 4 hours
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F. Publication of a film or video tape, see R4-43-203(D)(5)(d & e)

Hours Title of the film or video tape

		Maximum of 6 hours
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G. Presentation of a course or program, see R4-43-203(D)(6)

Hours Name of course or program presented

		Maximum of 4 hours
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H. In-Service, see R4-43-203(D)(7)

Hours Name of the In-Service Attach a statement

		Maximum of 4 hours

I. _____ TOTAL OF ALL TRAINING HOURS

DISCIPLINARY QUESTIONS

Before answering the next questions, read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

1. Since your license was granted or your last renewal, whichever is later, have you been convicted, entered a plea of guilty, nolo contendere or no contest or have you been sentenced, served time in jail or prison, or had prosecution deferred in any felony or undesignated offense?

☐ Yes ☐ No

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction indicating type of conviction, conviction date, and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

2. Since your last renewal, have you had any drug or alcohol related convictions?

☐ Yes ☐ No

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation and court documents for each conviction indicating type of conviction, conviction date and sentence.

3. Are you currently under investigation or is a disciplinary action pending against your Occupational therapy license you hold in any state or territory of the United States?

☐ Yes ☐ No

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

Please be advised that failure to provide the requested documents will delay the processing of your application.

VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of occupational therapy and obey the laws of the State of Arizona and the Rules established by the Board of Occupational Therapy Examiners; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

AND

AFFIDAVIT OF APPLICANT

I, _____, under oath, do promise and swear that if this application is accepted and if I should be granted a license to practice as an occupational therapist or an occupational therapy assistant in this State, I will obey the Laws of the State of Arizona as they relate to the Board of Occupational Therapy Examiners and the associated rules established by the Board of Occupational Therapy Examiners, and maintain the honor and dignity of the profession. I have read these Arizona Revised Statutes and Rules and agree to be held accountable for any actions that may violate these Statutes and Rules.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in this application, that my license may be suspended or revoked by the Board at any time. By virtue of this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the Board of Occupational Therapy Examiners to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

I understand that my application is a public record. Further, I authorize all current and previous employers to release all relevant information about my employment to the Board (including moral character competency and reason for termination of employment, if applicable). I further state that all statements made by me and exhibits attached within this application are true, complete, and accurate.

Signature of Applicant: _____ Date: _____

State: _____

County: _____

Subscribed and sworn to before me this _____ day of _____, 20____ by the affiant, who personally appeared before me.

NOTARY PUBLIC SIGNATURE

My Commission expires: _____
(Official Stamp)